# Finding Purpose in Advocacy

ADVOCACY FUELED BY PASSION

# Finding My Purpose

WORKING TO FIND A CURE

BY DR. LISA TREVINO





f you had asked me over 30 years ago if I would be doing what I'm doing now as a career, I think I would have done an about-face and said "What? No way!". Actually, I believe there is footage where I was asked, "Lisa, where do you see yourself in 10 years"? I think I responded with, "I want to be traveling the world!" While I have done some traveling, it is probably not what I was envisioning at the time. I like to think I've done a little more than that since that video was taken. In fact, 10 years after that, I had completed my bachelors, received a master's in Biotechnology, and was starting my second year in my PhD program in Molecular, Cellular, and Developmental Biology. Not exactly traveling. Trust me, those dreams of traveling the world are still with me now, and I am confident I will make them a reality!

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A career in science was first introduced to me as an undergraduate at the University of Texas in San Antonio (UTSA). My cousin was completing her second degree and heading to medical school and encouraged me to join the biochemistry laboratory she was working in.

I heeded her advice and I'm glad I did, because it changed my life. It also didn't hurt that I would be getting a small stipend for working in the lab. I joined the lab and worked with several of the postdocs, but I was not truly feeling "it." In all honesty, it would take me until pretty much the current day to find out what that "it" really meant. Fast forward and I completed my bachelors, got into the master's program at UTSA, and successfully defended my research thesis, and jumped right into a doctoral program at the University of California at Santa Cruz. I think it's safe to say that I fell in love with science and was well on my way toward a career in it. What I most gained from these experiences at the bench, and from what was waiting for me with open arms was the breakthroughs we were making along the way. Each contributing more knowledge and insight into diseases that affect the people we love.

It was 2003, and I was in the throes of taking my PhD qualifying exams when I received the news that my eight-yearold niece, Maria Isabela, was "sick." Bel or Belzy, as we called her, was my brother's daughter. "Sick" ended up

being acute lymphocytic leukemia (ALL). ALL is the most common form of childhood cancer, and while I knew there had been great strides in identifying very effective therapies and the cure rate was greater than 90 percent-thanks to groundbreaking research by amazing scientists and physicians from all over the world-we were all shattered upon hearing the news. Even at that time and with as little as I knew about ALL, I was confident that she would be treated and God willing, achieve remission and go on to live a happy beautiful life. I've always said that it was as if Belzy was reborn after she was diagnosed with cancer.



Belzy dressed as an angel, celebrating her last Halloween.

I think we all were. From a timid, quiet, shy, hide-behind her mom's-legs little girl, she became a singing and dancing Selena-loving, God-fearing, look-atme soul. She refused to be stifled by her diagnosis and was determined to

> LIVE, and determined we all LIVE alongside her. Our Belzy passed away nine months after her diagnosis. Nine months of living her best life on earth only to continue her work and mission in Heaven. I feel her and my brother every day. He passed exactly 30 days after she did.

> As the next pin in my journey would have it, I conducted my postdoctoral training at St. Jude Children's Research Hospital in Memphis, Tennessee. I chose St. Jude because it is one of the most extraordinary places you will go. Why you ask? Because the feeling of hope and faith and the unwavering mission to save very sick child is palpable. The commitment of every physician, nurse, scientist, pharmacist, of EVERYONE was unquestionable. We all knew our WHY. I learned so much about pediatric ALL. About the ALL that took my niece's life. About the ALL that is different in every child. I learned how the outcome of children with the exact same disease, same subtype, same background, and same treatment could

be markedly different due to many factors including genetics, socioeconomic status, gender, race, and many other factors. I vowed to learn as much as I could about this disease and I found myself repeatedly asking, is this what happened to Bel? Did this cause Belzy to die? I wanted to know so I could try to explain it to my family. Our work at St. Jude helped answer some very important questions about ALL, and hopefully one day we will come together with other great work to find the cure.



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I was able to come back home to Texas and continue my work in the cancer genomics field at The Human Genome Sequencing Center at Baylor College of Medicine in Houston. I worked with yet another group of amazing researchers at the Genome Center trying to understand the genetic and genomic landscape of both adult and pediatric cancers, such as ovarian, kidney, and colorectal cancers in adults and hepatoblastoma and acute myeloid leukemia (AML) in children. Technology had greatly advanced to where we can now find precise regions in the DNA of cancer patients that were contributing to their disease or how they would process certain medications. My niece and many others with this horrible disease were always front and center, along with my desire to learn more and more, so that I may be that conduit of information to educate and inform the patients and families in my community. I had the opportunity



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to translate study material, information, and informed consent forms to Spanish-speaking families with children who had cancer at Texas Children's Hospital. There is no better feeling than being able to fully explain something to someone, with an accompanying understanding that you are potentially changing, or even saving a life.

I was finally able to intersect my background in science with my passion for making impactful changes in the lives of others. While I wasn't doing the science myself anymore, I was certainly making it my mission to bring it to those most in need. I was afforded the opportunity to start a clinical research program in a healthcare organization, DHR Health, in

### my hometown. My hometown is in South Texas and located along the Texas-Mexico border with a Hispanic patient population of greater than 90 percent. Much research has determined that the mortality and

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of greater than 90 percent. Much research has determined that the mortality and incidence of cancer rates vary significantly according to race and ethnicity, especially among African Americans, Hispanics, and Asian Americans. This is largely due to factors such as access to quality screening measures and quality medical care with enough time to start effective treatments, as well as streamlined preventative measures. If we are going to eliminate health disparities in our Black, Indigenous, and People of Color communities, it is going to be equally, if not more, important for us to eliminate healthcare disparities.

Clinical research was, and still is, quite new to this area, with most of the community with advanced diseases seeking care in places like Houston, Dallas, or San Antonio. Our health system recognized the need to deliver the best quality care to our patients at home, and providing the option of advanced clinical care in the form of clinical trials was a challenge we were all willing to face and overcome. We were determined to bring the most promising and emerging therapies to our community of the Rio Grande Valley, and I am so proud of the work our team has accomplished. I've learned so much from my nearly 10 years in this role as vice president of clinical research operations, and my journey has been so incredibly fulfilling. One of the most rewarding aspects of my role has been building teams of skilled and compassionate individuals.





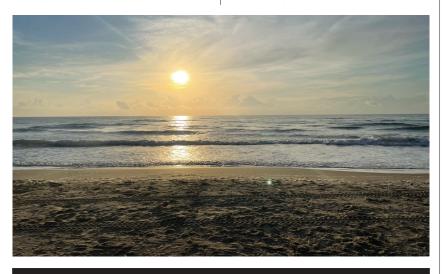
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By bringing together diverse talents and nurturing an environment of collaboration and support, I witnessed firsthand the power of a unified team working toward a shared vision to help our community. Our collective achievements have allowed us to gradually and steadily increase the participation of the Latino community in biomedical and clinical research, an undertaking that is quite challenging. Together we have successfully engaged thousands of Latina/os in biomedical and clinical research across various therapeutic areas. We are very proud of this accomplishment, but also recognize there is still much work to be done! Our unwavering focus has been on matching innovative and promising therapies to groups of patients most in need of advanced clinical care (e.g., clinical research). By continuously exploring new avenues and staying abreast of advancements in clinical research, we strive to bring hope and improved outcomes to those who need it most. We have aligned clinical trial initiatives with the unmet medical needs in the areas of oncology, liver disease, cardiovascular disease, and infectious diseases. Moreover, through precision medicine approaches in cardiology, we have been able to identify genetic variabilities that may be unique to the Hispanic community. Being the voice for patients most in need is a responsibility I hold dear, and it drives me to go above and beyond in advocating for their well-being.

The act of empowering someone with education and information so they can make an informed decision is rewarding on so many levels.

I think the time is now for us as healthcare providers, knowledge generators, and information disseminators to level up. When I am speaking to groups of people from rising high school seniors, or community workers, all the way to our C-suite, my message is always that we must educate to empower. We can't talk to someone about clinical trials before we are sure they know about their health and the illness they are bearing. Let's work together to increase the tools available to increase health literacy in our communities. We have to be ambassadors for change and the voice for those who cannot speak for themselves. Clinical research is not taboo. Yes, there is history to speak otherwise, but we are making the changes now. History by definition is the study of change over time, and I truly believe we are making history together.



#### **RESOURCES:**

- » DHR Health Institute for Research and Development: www.dhrresearch.org
- » DHR Health: www.dhrhealth.com
- » The WISDOM study: https://www.thewisdomstudy.org/
- » CISCRIP, The Center for Information and Study on Clinical Research Participation: www.ciscrip.org
- » Clinical Trials Registry: <u>www.clinicaltrials.gov</u>

Speaking from a heart centered perspective, why are science, research, and clinical trials so important

in the treatment of cancer? A. Everyone deserves to have the latest, safest, and most promising treatments available. Clinical research is an

option and a right that should be provided to all of us. What drives the work you are doing?

**A.** Our work is changing the trajectory of people's lives, for the better!

# Do you have a personal statement related to DE&I?

A. I am praying this is not a trend at the current moment. Despite the political climate surrounding this issue, our families, friends, and loved ones desperately need our voices to be unified to diversify, include, and meet our patients where they are.

#### In dreaming big related to your field of expertise, what would you like to see in your lifetime?

A. There is far too much to list! In healthcare, I would love to see more collaboration and less competition. No one person, company, HCO, etc., does anything alone; well, anything that a has long and lasting meaningful legacy.

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